

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084899

1. Entity Name

SIMPLY WOOD, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1561 SE 24th Terr

Pompano Beach, FL

33062

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90024 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA PENA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME WHITEAKER, RON
STREET ADDRESS 601 BRICKELL KEY DR. #705
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE P/D
NAME WHITEAKER, RON ☒ Change ☐ Addition
STREET ADDRESS 1561 SE 24th Terr.
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE S
NAME BAJANDAS, RICARDO
STREET ADDRESS 601 BRICKELL KEY DR. #705
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Bajandas 4/27/01 (305)377-0909

Date

Daytime Phone #

CR2E034 (10/00)